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SERIAL NUMBER 10/807,449	FILING OR 371(c) DATE 03/24/2004 RULE	CLASS 514	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 3802-090-27 CIP
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** CONTINUING DATA *****

This application is a CIP of 10/404,662 04/02/2003

OK - I.O.

** FOREIGN APPLICATIONS *****

None - I.O.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 25	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

29585

TITLE

Cytokine-expressing cellular vaccine combinations

FILING FEE RECEIVED 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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